

***DAIL Advisory Board Meeting***  
***July 10, 2014***  
***Comfort Inn, Berlin***

**Attendees:**

Board Members: Beth Stern, Nancy Breiden, Steve Pouliot, Harriet Goodwin, Diane Novak, Bill Ashe, Gini Milkey, Max Barrows, Linda Berger, Robert Borden, John Pierce, Jim Coutts, Nancy Lang (via phone), Peter Cobb

Guests: Marlys Waller, Rich Atkinson

State Employees: Susan Wehry, Lisa Parro

There was a nicely written, very complimentary article on CFC, the supports, accessing services and the coordination in the Senior Solutions Newsletter.

**Commissioner Wehry's Updates**

Legislation

DAIL has two legislative tasks which are being worked on:

- (H.555) DAIL has been directed to do a study about individuals with traumatic brain injuries (TBI). This was generated from concerns of the current limitations in the statute for people with TBI who allegedly commit a crime and their culpability to stand trial. The Department of State's Attorneys and the courts will provide DAIL with data. Bard Hill and Andre Courcelle in DAIL are working on a Request for Proposals (RFP) for someone to conduct the study. A report about the progress is due to the Legislature in October and again in April. This will consist of a 2 ½ year analysis with a written proposal of what services are necessary.
- (H.728) DAIL has been directed to review the Developmental Disabilities Act (DD Act). There is an internal kickoff meeting this week where a work plan and a timeline for LCAR will be created. Camille George is the lead on this project. (The DD System of Care plan went into effect on July 1<sup>st</sup>.)

A legislative bill (S.293) was passed about Results Based Accountability (RBA). The Legislature has provided direction to the agencies across the state about using and presenting budgets with RBA. Sue Zeller, at the Agency of Administration, has set up an internal structure with includes two Performance Accountability Liaisons (PALs) from each department. Bard Hill and Tara Grenier are the PALs for DAIL. About a year ago DAIL adopted RBA and has used this to practice to connect to the AHS Scorecard, which shows how we are doing, where we are doing well and where we need to do better. ([http://humanservices.vermont.gov/copy\\_of\\_ahs-results-scorecard](http://humanservices.vermont.gov/copy_of_ahs-results-scorecard)) Many providers, such as the AAAs, are also using RBA, and grants and contracts with DAIL include RBA language.

The Budget Bill has specific instructions for the closeout for Choices for Care (CFC). (See Choices for Care Re-Investments memo from Commissioner Wehry)

### Personnel

Lora Nielsen, Director of the Adult Services Division (ASD), took another position near her home. Megan Tierney-ward is the acting director. The announcement for the new director is expected to occur within the next couple weeks.

On August 9<sup>th</sup>, DAIL's Commissioner Office, Legal Unit, Business Office, IT Unit, and the Division of Licensing and Protection will be moving from 459 Hurricane Lane in Williston to 291 Hurricane Lane.

### Health Reform

A state senior administration retreat was held about health reform and why this was started. All 6 commissioners in the Agency, along with staff from the Governor's Health Reform Team, the Tax Department, the Department of Financial Regulations, and the Green Mountain Care Board (GMCB) were in attendance. It was a reminder of the essential facts and the opportunities that need to be revisited: health reform in Act48 remains relevant in order to improve the health of Vermonters by better care, better costs and to ensure that payment for health care is fair and equitable.

Very few employers pay 100% of health care now, and people tend to stay in jobs they don't like just because of the health care coverage. Many people lose their jobs, which mean they may lose health care coverage. Single person payments are disproportionate to those paid for families. The retreat brought forward how much work it will be, as it is not straight forward, and the continuing work to determine funding. The language in the bill is inspiring – universal access, fair and equitable payment, better health, better care at a lower cost. Everyone came away as committed as ever to make this happen.

There is no foreseeable change in the provider organizations contracts with DAIL changing to contracts with ACO's.

Given the enormity of the undertaking of health reform, and the concerns about where health care is headed, the Board was asked if there are any specific areas they would like to know more about or have concerns about.

- The Board would like to know more about where seniors fit into health care, as Green Mountain Care coverage will be secondary to those that are on Medicaid or to those federal employees who are on ERISA insurance.
- The possibility of health care reform finding another way to cover the gaps in coverage for people on Medicaid by providing a health care package with Green Mountain Care, as an alternative to the purchase of supplemental insurance. The Commissioner will refer this comment to Michael Costa.
- The possibility of separating health care from employment, as coverage through employers may decrease and cost may rise. There is a big concern about people seeing a decrease in coverage of services through employment health care.

- Any discussions about a transition phase from primary and secondary coverage to universal coverage and single payer.
- Updates about who is providing the information about LTSS, and who is involved in the decisions about coverage for LTSS. What are the standards and measures for payment reform?
- Discussions about the effects on developmental services with ACOs.

Some discussion took place about the Board creating a statement or position. The GMCB is doing a good job to keep the information on its website up to date.

(<http://gmcboard.vermont.gov/>) As the benefit packages are being reviewed, the Board members can have an impact on the decisions by letting the GMCB know the interests and conditions that are not being addressed.

#### Choices for Care Re-Investments Funds (See handout)

There is a balance of \$667,525 for distribution. DAIL may not distribute all of these funds right away; however, waiting until October for a gap analysis is not felt necessary. The consensus of the Board was to endorse the plan by DAIL for the reinvestment of funds and further discussions about suggestions that are submitted will take place at the September meeting. The Commissioner will continue with the next steps in the plan.

#### **Autism** - Clare McFadden, Senior Specialized Services Supervisor, DAIL (See PowerPoint)

The number of individuals receiving a diagnosis of Autism is increasing. It is unknown as to what is driving the increase - more individuals with Autism, better screening techniques, and/or increased general awareness. Autism is considered a developmental disability. A developmental disability screening is done, and then a second screening is done for autism. Each individual on the Autism Spectrum Disorder (ASD) has different challenges. (The diagnosis of Asperger has been removed from the DSM V; however, this term is still used.)

In the past only a limited number of people could screen for a diagnosis; however, UVM now has a training program to learn how to do the screening. Early intervention services are available, but work is still being done to make it more available around the state. The number of providers available to provide services, such as counseling, SLP, OT, and psychiatry, is limited. Families are finding it a challenge to find providers. Training is available for professionals and the Department of Vermont Health Access (DVHA) is working to increase the number of providers who can provide this care.

DAIL primarily serves adults with Autism; however, they do serve some children. The data about the number of adults with ASD in Vermont is not clear; however, in FY12, DAIL served 327 (or 12%) of adults with an Autism Spectrum Disorder (ASD) who were receiving HCBS waiver. For a majority of the people it will be lifetime disability; however, even with a disability, there are plenty of people who are in the workforce. Others may need lifelong supports.

It is unknown why Autism affects boys more than girls. Despite studies and data showing that vaccinations are not the cause of an ASD, families are still scared to have vaccinations done. Autism is the fastest growing reason why children are receiving special education.

Information about Autism can be found on the DAIL website at:

<http://www.ddas.vermont.gov/ddas-programs/programs-autism-default-page>

The Vermont Family Network has received a grant to assist families with Autism

<http://www.vermontfamilynetwork.org/i-need-help-with/developmental-disabilities/autism/>

Autism Now is another good resource: <http://autismnow.org/>

## **Aging and Disability Resource Connection (ADRC) – Heather Johnson** (See PowerPoint)

The Aging and Disability Resource Connection (ADRC) began in 2003 as a collaborative grant initiative focusing on long term services and supports, with the concept of “No Wrong Door” access regardless of age, disability, or income. The Federal government is not anticipating on continuing the grant funding for infrastructure; it is expecting the states to start funding it. The federal government is working on new guide which includes how to draw down Medicaid reimbursable activities.

Tara Grenier, Project Director in DAIL, has scheduled a number of meetings and is beginning to have conversations about what an internal process would look like. She will then broaden it to stakeholders and across the agency structure. The SIMS project, healthcare reform, and the Health integration will have a large impact on this infrastructure.

HMC, the consultants working on revamping the DAIL website, are consultants for the VT ADRC branding and discovery process. Work is being done to create a meaning behind a logo and tagline. The next phase to this process will be completed by the end of the month.

Vermont has two pilot regions for the Medicaid Reimbursement Project, which will look at what services can be reimbursed by Medicaid. The first batch of data, which includes tracking connections to services, has been received and will be used to help expand the program and target areas that need some work.

From February 2014 through January 2015, a Care Transitions Pilot Project will be done. Currently, the lack of how to share client information is the biggest obstacle for this project.

State Standards for the ADRC have been revised based on national direction and there are two new core partners: Green Mountain Self-Advocates and the Vermont Family Network. The VT Family Network is working with younger children; person centered counselor – youth in school and through transition and are very supportive of the life span. All partners share the same vision and collaboration and they get some grant funds, along with other funding, to sustain the support work. While Medicaid can be used to help build infrastructures, the Options Counseling does not have to just go toward people who end up on Medicaid.

The budget for the 3-year period is under \$2.3 million, and carrying forward is not spent on staffing to second year. The effort is made to get as much funding to partners as possible. The ADRC's goal/objective is in the State Unit on Aging plan, and there are incredible opportunities in health care reform and keeping the ADRC on the minds of the people when discussing initiatives and making decisions.

### **Discussion of meeting topics for FY2015 (Input or Education)**

- Education/Exploration of what case management means in the different programs
- The difference in the programs for DD and the programs for aging and disabilities (helping people understand DD programs are not entitlement programs)
- Peer mentoring programs (VCIL & GMSA?)
- Monthly updates on healthcare, with time in the agenda to give input and respond to emerging issues. *(In the past, there was some discussion about a Subcommittee on Health Reform. Updates on Healthcare reform can be done at every meeting, or there could be a subcommittee that works with the information and brings special items back to the board; or have the Governor's Commission on Successful Aging Healthcare Workgroup present any updates. At the September meeting the Board will take a poll about how it would like this handled.)*
- Various roles people with limited experience may play in agency (lived experience, being hired and management positions or services to peers)
- Present information about what would it cost for Medicare/Medicaid to include hearing aid, etc. for long term care. What would we be asking for if we took this stance? *(Commissioner: COVE has done some analysis in the past about different possible packages, but is not sure the information has been updated. Gini may want to look into this further; the Governor's Commission on Successful Aging/Healthcare Workgroup has done some work on this; and the Green Mountain Care Board has had some extensive discussions about this and may have some information as well.)*
- Healthcare Reform, and visit emergence of subset of people self-directing/self-managing – explore concept of belonging - how the system is becoming more sensitive to membership and belonging in larger community.
- Presentation of who is/is not receiving DS Services. Imagine the Future Taskforce recommendations – ongoing discussion about the future of DS services in Vermont. (Understanding what services are and who is receiving them so the Board is informed for further discussions.) *THIS DISCUSSION EARLIER THAN LATER in the year, possibly coupled with case management discussion.*

Massachusetts has really expanded its lived experience/peer experience with seniors by using a peer specialist track rather than peer mentoring. The Commissioner thinks Vermont will be pursuing a peer specialist track as well.